


**APPLICATION DATA SHEET**

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METAL SEED LAYER DEPOSITION		
Application Type : regular, utility			
Attorney Docket Number : BUR920040060US1			
Correspondence address:			
Customer Number:		30449	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Steven		
<b>Middle Name:</b>	P		
<b>Family Name:</b>	Barkyoumb		
<b>Residence:</b>			
<b>City of Residence:</b>	Essex Junction		
<b>State of Residence:</b>	VT		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	606A Dalton Drive		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Essex Junction		
<b>State of Mailing Address:</b>	VT		
<b>Postal Code of Mailing Address:</b>	05452		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Jonathan		
<b>Middle Name:</b>	D.		

**Family Name:** Chapple-Sokol  
**Residence:**  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 52 Beech Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Edward  
**Middle Name:** C.  
**Family Name:** Cooney  
**Name suffix:** III.  
**Residence:**  
**City of Residence:** Jericho  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 16 South Main Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Jericho  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05465  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Keith  
**Middle Name:** E.  
**Family Name:** Downes

**Residence:**

**City of Residence:** Stowe  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 4515 Mountain Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Stowe  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05672  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 5:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Thomas  
**Middle Name:** L.  
**Family Name:** McDevitt  
**Residence:**  
**City of Residence:** Underhill  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 35 Maple Ridge Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Underhill  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05489  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 6:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** William  
**Middle Name:** J.  
**Family Name:** Murphy  
**Residence:**  
**City of Residence:** North Ferrisburgh

**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 190 Pierce Lane  
**Address-2 of Mailing Address:** P.O. Box 184  
**City of Mailing Address:** North Ferrisburgh  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05473  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:  
30,449



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation  
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**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
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**Phone:**  
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**E-mail:**